

SERIAL NUMBER 09/182,297	FILING DATE 10/29/98	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. WEINR40062
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APPLICANT ROBERT E. WEINSTEIN, BOSTON, MA; ALAN M. WEINSTEIN, POTOMAC, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/063,710 10/29/97

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\* *none*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\* *none*

VERIFIED

FOREIGN FILING LICENSE GRANTED 11/16/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>Examiner's Initials</i> <i>Initials</i>					

SEE CUSTOMER NUMBER: 021587 <i>Robert E. Weinstein</i> <i>J-Med Pharmaceuticals, Inc.</i> <i>Boston, MA 02116</i>	#5
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TITLE ANTIHISTAMINE/DECONGESTANT REGIMENS FOR TREATING RHINITIS
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FILING FEE RECEIVED \$571	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1864

<b>SERIAL NUMBER</b> 09/182,297	<b>FILING DATE</b> 10/29/1998 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> WEINR40062	
<b>APPLICANTS</b> ROBERT E. WEINSTEIN, BOSTON, MA;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/063,710 10/29/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/16/1998</b> <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> PORTER F. FLEMING BICKEL & BREWER 885 THIRD AVENUE SUITE 3040 NEW YORK, NY 10022					
<b>TITLE</b> ANTIHISTAMINE/DECONGESTANT REGIMENS FOR TREATING RHINITIS					
<b>FILING FEE RECEIVED</b> 1141	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing time ) <input type="checkbox"/> 1.18 Fees ( Issuance ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		